

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Location and Contact Details for Your Upcoming Appointment

Dear [Patient Name],

Please find below the location and contact information for the clinic conducting your examination:

Clinic Name: [Name of Clinic]

Address: [Street Address, Suite Number]

City/State/Zip: [City, State, Zip Code]

Contact Details:

Phone Number: [Phone Number]

Email Address: [Email Address]

Office Hours: [Operating Hours]

Directions and Parking:

[Insert brief directions or parking instructions here, e.g., Parking is available in the rear lot.]

If you have any questions or need to reschedule your appointment, please contact the clinic directly using the information provided above.

Sincerely,

[Your Name/Department]

[Your Organization]